

Veteran Prescription

To: Independence Australia

Fax No: 1300 788 811

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From: _____

Phone: _____

Date: ____/____/____

No. of Pages (including cover): _____

Order Form: Department of Veteran Affairs Rehabilitation Appliances Program

Please find attached a prescription for:

(Client Name): _____

To be fulfilled as part of the Department of Veterans' Affairs Rehabilitation Appliances Program.

NB. Please ensure you have provided a full product description on your form.
e.g. Depend Shield Pads, Tena Pull-On Pants Medium, Molicare Mobile Medium, Tyco Protective Underwear Medium, Simpla Catheter Silicone Long Term Size 12.